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PTO/SB/05 (08-00)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

02486.0066.NPUS01

First Inventor

Cynthia B. R. binson

Title

COMBINATION OF DEHYDROEPIANDROSTERONE OR  
DEHYDROEPIANDROSTERONE-SULFATE WITH A  
LEUKOTRIENE RECEPTOR ANTAGONIST FOR TREATMENT  
OF ASTHMA OR CHRONIC OBSTRUCTIVE PULMONARY  
DISEASE

Express Mail

EL615430379US

U.S. PTO  
22278  
10/698076



102603

## APPLICATION ELEMENTS

### ADDRESS TO:

Commissioner for Patents

Mail Stop: Patent Application  
Alexandria, VA 22313-1450

See MPEP Chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (PTO/SB/17)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 85 ]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross reference to Related Applications
  - Statement Regarding Fed Sponsored R & D
  - Reference to sequence listing, a table,  
or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 15 ]
5. ☒ Oath or Declaration [Total Pages 3 ]
  - a. ☐ Newly executed (original or copy)
  - b. ☒ Copy from a prior application (37 CFR 1.63 (d))  
(for continuational divisional with Box 17 completed)
    - i. ☐ DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or  
Computer Program (Appendix)
8. ☐ Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of  
(when there is an assignee) Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information disclosure ☐ Copies of IDS  
Statement (IDS)/PTO-1449 Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
16. ☒ Other: Check for **\$385.00**

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: /

Prior application information: Examiner Group I Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 18. CORRESPONDENCE ADDRESS

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October 29, 2003

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**FEE TRANSMITTAL  
For FY 2003**

Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT****(\$385.00)****Complete if Known**

|                      |                     |
|----------------------|---------------------|
| Application Number   | Not Yet Assigned    |
| Filing Date          | October 29, 2003    |
| First Named Inventor | Cynthia B. Robinson |
| Examiner Name        | Not Yet Assigned    |
| Group Art Unit       | Not Yet Assigned    |
| Attorney Docket No.  | 02496.0066.NPUS01   |

| METHOD OF PAYMENT  |                 |                |                 | FEE CALCULATION (continued)  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
|--|-----------------|----------------|-----------------|--|-----------------|----------------|-----------------|-----------------|------------|-----------|------------|-----------------|------------------------|--------------------|-----|-----|-----|-------------------------------------|-------|-------------------|-----|-----|---------------------------------------|--|-------|------------------|-----|--|-----|---------------------------|-------|--------------------|--|--|-------|--|-------|------------------------|-----------------|--|-----------------|--|-------|--------------|--------------|----------------|------------------------|---|-----------|-----|-----|-----------------------------------|-----|--|-------|-----|---------------------------------------|-----|-----|---|-------|--|-----|-----|-----|--|--|-----|-------|-----|-----|---|-------|-----|-------|-----|-------|--|-------|-----|-----|-----|-----|------------------|-------|-----|-----|-----|-----|--|-------|-----|-----|-----|-----|--------------------------|-------|-----|-------|-----|-------|---|-------|-----|-----|-----|----|----------------------------------|-------|-----|-------|-----|-----|------------------------------------|-------|-----|-------|-----|-----|--------------------------------|-------|-----|-----|-----|-----|------------------|-------|-----|-----|-----|-----|-----------------|-------|-----|-----|-----|-----|-------------------------------|-------|-----|----|-----|----|---|-------|-----|-----|-----|-----|---|-------|-----|----|-----|----|--|-------|-----|-----|-----|-----|---|-------|-----|-----|-----|-----|--|-------|-----|-----|-----|-----|---|-------|-----|-----|-----|-----|---|-------|---------------------------|--|--|--|-------------------|--|------------------------------------|--|--|--|--|--|
| <b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br>Deposit Acct. No. <b>08-3038</b><br>Deposit Account Name <b>Howrey Simon Arnold &amp; White, LLP</b><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                 |                |                 | <b>3. ADDITIONAL FEES</b>  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| <b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                 |                |                 | <table border="1" style="width:100%"> <thead> <tr> <th>Large Fee</th> <th>Entity Fee</th> <th>Small Fee</th> <th>Entity Fee</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>_____</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>_____</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td>_____</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td>_____</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td>_____</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td>_____</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td>_____</td></tr> <tr><td>116</td><td>420</td><td>216</td><td>210</td><td>Extension for reply within second month</td><td>_____</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td><td>Extension for reply within third month</td><td>_____</td></tr> <tr><td>118</td><td>1,480</td><td>218</td><td>740</td><td>Extension for reply within fourth month</td><td>_____</td></tr> <tr><td>128</td><td>2,010</td><td>228</td><td>1,005</td><td>Extension for reply within fifth month</td><td>_____</td></tr> <tr><td>119</td><td>330</td><td>219</td><td>165</td><td>Notice of Appeal</td><td>_____</td></tr> <tr><td>120</td><td>330</td><td>220</td><td>165</td><td>Filing a brief in support of an appeal</td><td>_____</td></tr> <tr><td>121</td><td>290</td><td>221</td><td>145</td><td>Request for oral hearing</td><td>_____</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td>_____</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td>_____</td></tr> <tr><td>141</td><td>1,330</td><td>241</td><td>665</td><td>Petition to revive - unintentional</td><td>_____</td></tr> <tr><td>142</td><td>1,330</td><td>242</td><td>665</td><td>Utility issue fee (or reissue)</td><td>_____</td></tr> <tr><td>143</td><td>480</td><td>243</td><td>240</td><td>Design issue fee</td><td>_____</td></tr> <tr><td>144</td><td>640</td><td>244</td><td>320</td><td>Plant issue fee</td><td>_____</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td>_____</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td>_____</td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td>_____</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>_____</td></tr> <tr><td>146</td><td>770</td><td>246</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td>_____</td></tr> <tr><td>149</td><td>770</td><td>249</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td>_____</td></tr> <tr><td>179</td><td>770</td><td>279</td><td>385</td><td>Request for Continued Examination (RCE)</td><td>_____</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td>_____</td></tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2">SUBTOTAL (3) (\$)</td> </tr> <tr> <td colspan="4">* Reduced by Basic Filing Fee Paid</td> <td colspan="2"></td> </tr> </tbody> </table> |                 |                |                 | Large Fee       | Entity Fee | Small Fee | Entity Fee | Fee Description | Fee Paid               | 105                | 130 | 205 | 65  | Surcharge - late filing fee or oath | _____ | 127               | 50  | 227 | 25                                    | Surcharge - late provisional filing fee or cover sheet | _____ | 139              | 130 | 139  | 130 | Non-English specification | _____ | 147                | 2,520  | 147  | 2,520 | For filing a request for <i>ex parte</i> reexamination | _____ | 112                    | 920*            | 112  | 920*            | Requesting publication of SIR prior to Examiner action | _____ | 113          | 1,840*       | 113            | 1,840*                 | Requesting publication of SIR after Examiner action | _____     | 115 | 110 | 215                               | 55  | Extension for reply within first month | _____ | 116 | 420                                   | 216 | 210 | Extension for reply within second month | _____ | 117  | 950 | 217 | 475 | Extension for reply within third month | _____  | 118 | 1,480 | 218 | 740 | Extension for reply within fourth month | _____ | 128 | 2,010 | 228 | 1,005 | Extension for reply within fifth month | _____ | 119 | 330 | 219 | 165 | Notice of Appeal | _____ | 120 | 330 | 220 | 165 | Filing a brief in support of an appeal | _____ | 121 | 290 | 221 | 145 | Request for oral hearing | _____ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | _____ | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | _____ | 141 | 1,330 | 241 | 665 | Petition to revive - unintentional | _____ | 142 | 1,330 | 242 | 665 | Utility issue fee (or reissue) | _____ | 143 | 480 | 243 | 240 | Design issue fee | _____ | 144 | 640 | 244 | 320 | Plant issue fee | _____ | 122 | 130 | 122 | 130 | Petitions to the Commissioner | _____ | 123 | 50 | 123 | 50 | Petitions related to provisional applications | _____ | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | _____ | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | _____ | 146 | 770 | 246 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) | _____ | 149 | 770 | 249 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) | _____ | 179 | 770 | 279 | 385 | Request for Continued Examination (RCE) | _____ | 169 | 900 | 169 | 900 | Request for expedited examination of a design application | _____ | Other fee (specify) _____ |  |  |  | SUBTOTAL (3) (\$) |  | * Reduced by Basic Filing Fee Paid |  |  |  |  |  |
| Large Fee  | Entity Fee      | Small Fee      | Entity Fee      | Fee Description  | Fee Paid        |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 105  | 130             | 205            | 65              | Surcharge - late filing fee or oath  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 127  | 50              | 227            | 25              | Surcharge - late provisional filing fee or cover sheet   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 139  | 130             | 139            | 130             | Non-English specification  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 147  | 2,520           | 147            | 2,520           | For filing a request for <i>ex parte</i> reexamination   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 112  | 920*            | 112            | 920*            | Requesting publication of SIR prior to Examiner action   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 113  | 1,840*          | 113            | 1,840*          | Requesting publication of SIR after Examiner action  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 115  | 110             | 215            | 55              | Extension for reply within first month   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 116  | 420             | 216            | 210             | Extension for reply within second month  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 117  | 950             | 217            | 475             | Extension for reply within third month   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 118  | 1,480           | 218            | 740             | Extension for reply within fourth month  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 128  | 2,010           | 228            | 1,005           | Extension for reply within fifth month   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 119  | 330             | 219            | 165             | Notice of Appeal   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 120  | 330             | 220            | 165             | Filing a brief in support of an appeal   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 121  | 290             | 221            | 145             | Request for oral hearing   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 138  | 1,510           | 138            | 1,510           | Petition to institute a public use proceeding  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 140  | 110             | 240            | 55              | Petition to revive - unavoidable   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 141  | 1,330           | 241            | 665             | Petition to revive - unintentional   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 142  | 1,330           | 242            | 665             | Utility issue fee (or reissue)   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 143  | 480             | 243            | 240             | Design issue fee   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 144  | 640             | 244            | 320             | Plant issue fee  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 122  | 130             | 122            | 130             | Petitions to the Commissioner  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 123  | 50              | 123            | 50              | Petitions related to provisional applications  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 126  | 180             | 126            | 180             | Submission of Information Disclosure Stmt  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 581  | 40              | 581            | 40              | Recording each patent assignment per property (times number of properties)   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 146  | 770             | 246            | 385             | Filing a submission after final rejection (37 CFR § 1.129(a))  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 149  | 770             | 249            | 385             | For each additional invention to be examined (37 CFR § 1.129(b))   | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 179  | 770             | 279            | 385             | Request for Continued Examination (RCE)  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 169  | 900             | 169            | 900             | Request for expedited examination of a design application  | _____           |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Other fee (specify) _____  |                 |                |                 | SUBTOTAL (3) (\$)  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| * Reduced by Basic Filing Fee Paid   |                 |                |                 |  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width:100%"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>770</td><td>201</td><td>385</td><td>Utility filing fee</td><td>385</td></tr> <tr><td>106</td><td>340</td><td>206</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>530</td><td>207</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>770</td><td>208</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>                                   |                 |                |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid   | 101       | 770        | 201             | 385                    | Utility filing fee | 385 | 106 | 340 | 206                                 | 170   | Design filing fee |     | 107 | 530                                   | 207  | 265   | Plant filing fee |     | 108  | 770 | 208                       | 385   | Reissue filing fee |  | 114  | 160   | 214  | 80    | Provisional filing fee |                 | <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>18</td> <td>-20** = 0</td> <td>X</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>1</td> <td>-3** = 0</td> <td>X</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> |                 |  |       | Total Claims | Extra Claims | Fee from below | Fee Paid               | 18  | -20** = 0 | X   | 0   | Independent Claims                | 1   | -3** = 0                               | X     | 0   | Multiple Dependent                    |     |     | 0                                       |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid        |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 101  | 770             | 201            | 385             | Utility filing fee   | 385             |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 106  | 340             | 206            | 170             | Design filing fee  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 107  | 530             | 207            | 265             | Plant filing fee   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 108  | 770             | 208            | 385             | Reissue filing fee   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 114  | 160             | 214            | 80              | Provisional filing fee   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Total Claims   | Extra Claims    | Fee from below | Fee Paid        |  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 18   | -20** = 0       | X              | 0               |  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Independent Claims   | 1               | -3** = 0       | X               | 0  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Multiple Dependent   |                 |                | 0               |  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>86</td><td>202</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>290</td><td>204</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>86</td><td>209</td><td>43</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |                 |                |                 | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | 103        | 18        | 203        | 9               | Claims in excess of 20 | 102                | 86  | 202 | 43  | Independent claims in excess of 3   | 104   | 290               | 204 | 145 | Multiple dependent claim, if not paid | 109  | 86    | 209              | 43  | ** Reissue independent claims over original patent | 110 | 18                        | 210   | 9                  | ** Reissue claims in excess of 20 and over original patent | <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width:100%"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>86</td><td>202</td><td>43</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>290</td><td>204</td><td>145</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>86</td><td>209</td><td>43</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |       |  |       | Large Fee Code         | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description  | 103   | 18           | 203          | 9              | Claims in excess of 20 | 102   | 86        | 202 | 43  | Independent claims in excess of 3 | 104 | 290                                    | 204   | 145 | Multiple dependent claim, if not paid | 109 | 86  | 209                                     | 43    | ** Reissue independent claims over original patent | 110 | 18  | 210 | 9                                      | ** Reissue claims in excess of 20 and over original patent |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 103  | 18              | 203            | 9               | Claims in excess of 20   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 102  | 86              | 202            | 43              | Independent claims in excess of 3  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 104  | 290             | 204            | 145             | Multiple dependent claim, if not paid  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 109  | 86              | 209            | 43              | ** Reissue independent claims over original patent   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 110  | 18              | 210            | 9               | ** Reissue claims in excess of 20 and over original patent   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 103  | 18              | 203            | 9               | Claims in excess of 20   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 102  | 86              | 202            | 43              | Independent claims in excess of 3  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 104  | 290             | 204            | 145             | Multiple dependent claim, if not paid  |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 109  | 86              | 209            | 43              | ** Reissue independent claims over original patent   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| 110  | 18              | 210            | 9               | ** Reissue claims in excess of 20 and over original patent   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |
| <b>SUBTOTAL (1) (\$385.00)</b>   |                 |                |                 | <b>SUBTOTAL (2) (\$)</b>   |                 |                |                 |                 |            |           |            |                 |                        |                    |     |     |     |                                     |       |                   |     |     |                                       |  |       |                  |     |  |     |                           |       |                    |  |  |       |  |       |                        |                 |  |                 |  |       |              |              |                |                        |   |           |     |     |                                   |     |  |       |     |                                       |     |     |   |       |  |     |     |     |  |  |     |       |     |     |   |       |     |       |     |       |  |       |     |     |     |     |                  |       |     |     |     |     |  |       |     |     |     |     |                          |       |     |       |     |       |   |       |     |     |     |    |                                  |       |     |       |     |     |                                    |       |     |       |     |     |                                |       |     |     |     |     |                  |       |     |     |     |     |                 |       |     |     |     |     |                               |       |     |    |     |    |   |       |     |     |     |     |   |       |     |    |     |    |  |       |     |     |     |     |   |       |     |     |     |     |  |       |     |     |     |     |   |       |     |     |     |     |   |       |                           |  |  |  |                   |  |                                    |  |  |  |  |  |

\*\*or number previously paid, if greater; For Reissues, see above

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|                   |                                   | Date                              | October 29, 2003 |

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